DOCUMENT RESUME

ED 043 054 CG 005 827

AUTHOR Phillips, Beeman N.
TITLE The Diagnostic-Intervention Class: Its Conceptual Status and Relation to a General School Psychological Services Model, and Results of an Implementation in an Elementary School.
INSTITUTION American Psychological Association, Washington, D.C.; Texas Univ., Austin.
PUB DATE 6 Sep 70
NOTE 13p.; Paper presented at the American Psychological Association Convention in Miami Beach, Florida, September 3-8, 1970

EDRS PRICE EDRS Price MF-$0.25 HC-$0.75
DESCRIPTORS Diagnostic Teaching, Disadvantaged Youth, Discipline, Educational Diagnosis, Educational Needs, Educational Planning, *Educational Programs, Emotional Problems, *Intervention, Psychoeducational Processes, *Psychological Services, Remedial Instruction, *School Services, *Special Education

ABSTRACT

Current and projected educational developments (such as the increasing demand for school psychological services) as well as the traditional friction between teaching and psychological services, are briefly considered as a backdrop against which to present a general diagnostic intervention services model. The model identifies three levels of school psychological services: (1) primary, which focus on the entire school population and which are primarily preventive and developmental; (2) secondary, which apply to vulnerable school populations, eg. lower class minority groups, and are heavily ameliorative and compensatory in emphasis; and (3) tertiary, which service children definitely diagnosed as problematic, and which focus on remediation and therapy. Salient characteristics of class based on the model are listed. The implementation of a variation of the diagnostic-intervention class model in an Austin, Texas elementary school which serves disadvantaged children is described, and results and observations presented. (TL)

ED 043054

The Diagnostic-Intervention Class: Its Conceptual Status and Relation to a General School Psychological Services Model, and Results of an Implementation in an Elementary School

Beeman N. Phillips

University of Texas at Austin

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(Paper presented at symposium entitled:

Contributions to the Educational Enterprise:

Developing Innovative Psychological Services in the Schools.

American Psychological Association

Miami Beach, September 6, 1970)

CG 005 827

Conceptual Status of the Diagnostic-Intervention Class and its Relation to a General School Psychological Services Model

The Diagnostic-Intervention (D-I) class concept, and the related concept of the teacher-psychological specialist, need to be considered against the background of current and projected developments in education. Since such developments are extensively discussed in a great many recent reports only a brief reference will be made to some of the trends which have had the effect of increasing the demand for psychological services in the schools. For example, school psychological services are becoming more community-oriented, and thus are becoming more comprehensive; special programs for the "disadvantaged" are increasingly being conceptualized in psychological terms; the need for better psychoeducational evaluation in Head Start, Follow-Through, and other innovative programs is being more frequently stressed; and the potential impact of educational technology on school psychological services is becoming more apparent.

However, juxtaposed with these increasing demands for school psychological services are the traditional antinomies between teaching and psychological services, between regular classes and special education classes, and between psychoeducational diagnosis and intervention. The contrasts in principles and inferences, the conflicts, and the contradictions associated with the rational bases and practical outcomes of such educational and psychological distinctions interfere with the full utilization of psychological services in the schools. In order to meet the increasing demand referred to, and to overcome these antinomies, it is necessary to reconceptualize school psychological services.

As a step in this direction, a general diagnostic-intervention services model is outlined in Figure 1 on page 2. The model identifies three levels of school psychological services. "Primary" services are focused on the entire school population and systemwide sources of stress and potential school learning and mental health pro-

Level of Diagnostic-Intervention Services	Type of school populations served	Major focus of diagnostic-intervention efforts	Some diagnostic-intervention strategies
Primary	Units of the school system (e.g. children in the elementary schools)	Developmental Preventive	e.g., Inservice (and pre-service) training of teachers; incorporating psychological concepts into the curriculum
Secondary	Vulnerable subpopulations (e.g., Negro children in desegregated schools)	Ameliorative Compensatory	e.g., Diagnostic-Intervention classes; use of teacher-psychological specialists
Tertiary	Subpopulations positively diagnosed as severe learning and/or behavior problems (e.g., school phobic children)	Remedial Therapeutic	e.g., Therapeutic tutoring; group counseling

Figure 1. A General School Psychological Services Model

lems. "Secondary" services are applicable to vulnerable school subpopulations which already manifest some of the early symptoms of stress and school learning and mental health difficulties. "Tertiary" services are applicable to school children who have been positively diagnosed as exhibiting major maladaptive stress reactions and school learning and mental health problems.

Some examples of subpopulations related to each of these levels of diagnosis-intervention are the following:

Primary--the age-graded organization of children and curricula is a potential source of school difficulties for children generally. For instance, children who are achieving significantly more or less than the average are under specific types of academic stress. A corollary to age-gradedness is the preparation of "all-purpose" classroom teachers, which can create school stress, learning, and behavior problems as a result of the lack of diversity in teachers' attitudes, skills, and functions.

Secondary--one vulnerable subpopulation would be lower class minority groups, particularly Negroes and other minorities in desegregated conditions. A second subpopulation includes children who are exposed to family socialization practices that produce stress-proneness. A third consists of children with low achievement, poor relations with peers, low intelligence, lack of acceptance of authority, socially (rather than academically) oriented interests, or unrealistic goals. Another includes children who are expected to experience developmental crises, such as first graders beginning their formal school experience, and adolescents entering junior high school.

Tertiary--children with positively diagnosed social anxieties, test anxiety, and anxieties associated with sex, aggression, and sex role difficulties. Also, one might include school phobic children, those who exhibit severe classroom "problem behaviors," and those who have neurotic learning inhibitions and disabilities.

Referring to Figure 1 again, diagnosis and intervention at the primary level has primarily a preventive and developmental focus; while at the secondary level ameliorative and compensatory efforts are heavily emphasized; and at the tertiary level the major focus is on remediation (and therapy).

In addition, as indicated in Figure 1, a number of D-I strategies can be identified which are primarily associated with one or more of these levels of diagnosis and intervention. For example, pre-service and in-service training of classroom teachers is a strategy which has a preventive orientation to incipient school learning and behavior problems. The D-I class and the use of teacher-psychological specialists are examples of strategies primarily associated with the secondary level of diagnosis and intervention. However, these strategies also are related to tertiary diagnosis and intervention, as the later discussion of these concepts will show. Finally, therepeutic tutoring and group counseling are examples of strategies which are particularly related to the tertiary level of diagnosis and intervention.

In Figure 2 on page 5 some of the details of the D-I class are represented schematically, and in the next few minutes I would like to discuss the conceptual and operational details of this model. Some of the salient characteristics of this class are:

a. It is nongraded, although where there is more than one such class, restricted age levels might be utilized (e.g., there might be one for the ages represented by grades 1-3, and another for the ages represented by grades 4-6).

b. It consists of three types of children: first, those referred by regular classroom teachers for psychoeducational diagnosis and intervention; second, children in a crisis state; and, third, other children used as tutors, models, etc.

c. Children are not permanently assigned to the D-I class but move in and out during the school year, or during the school day, in accordance with strategies which develop out of continued consultation with the referring classroom teacher, who retains responsibility unless the child is reassigned to another teacher.

d. The day-to-day responsibility for the D-I class rests with a team of teacher-psychological specialists, although the activities of this team are under the general supervision of a school psychologist and an elementary curriculum expert. Ideally, one of the members of the team would be specially trained in the development and use of special curricular materials, and in educational techniques like tutoring,

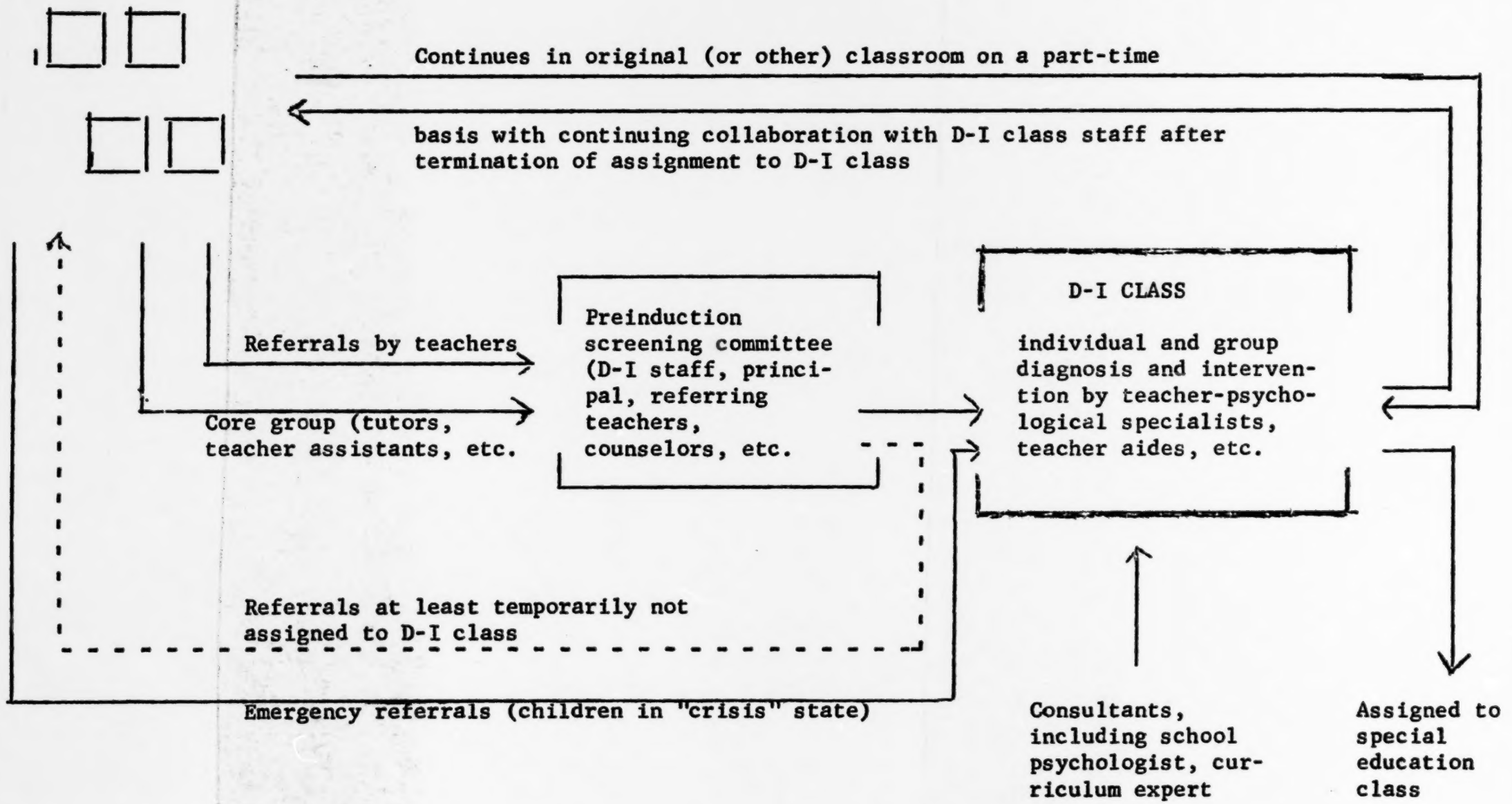
Regular classes
Continues in original (or other) classroom on a part-time
basis with continuing collaboration with D-I class staff after termination of assignment to D-I class
D-I CLASS
Referrals by teachers
Preinduction screening committee (D-I staff, principal, referring teachers, counselors, etc.
individual and group diagnosis and intervention by teacher-psychological specialists, teacher aides, etc.
Core group (tutors, teacher assistants, etc.
Referrals at least temporarily not assigned to D-I class
Emergency referrals (children in "crisis" state)
Consultants, including school psychologist, curriculum expert
Assigned to special education class

Figure 2. Schematic representation of functions of D-I class

programmed learning, etc., and the other would be specially trained in consultation, counseling, diagnostic testing, etc. Another alternative is to have a teacher-psychological specialist assisted by one or more teacher aides with certain types of special training. In addition, it should be noted that children are regularly used in the teaching-learning activities of the class.

e. Initially the referral process is formalized and preinduction screening of children is carried out by the D-I class staff, principal, counselor, referring classroom teacher, etc. Over time this referral process usually will become more informal, although it will continue to have the same basic features.

f. The referring teacher participates in the development of psychoeducational strategies and techniques and the teacher-psychological specialists serve as consultants to the classroom teacher while the child is in the regular class on a part-time basis and after the child is assigned to the regular class on a full-time basis. In addition, the teacher-psychological specialists increasingly assume a consultative role with all the other classroom teachers in the school.

g. Ultimately, after diagnostic-intervention efforts have occurred over a period of time, it may be concluded that the child needs a special education class and he would therefore be transferred to a class for the emotionally disturbed, the mentally retarded, etc. A particular advantage of the D-I class is that it allows a sustained effort, especially with borderline cases, to test the limits of the child's adaptive capacity before such a transfer is made.

Implementation of a Variation of the Prototypic D-I Class Model in an Elementary School Serving "Disadvantaged" Children

The need for a psychoeducational facility such as the D-I class is even more obvious when applied to a school which serves so-called disadvantaged children. The elementary school in Austin, Texas, where a variation of the D-I class model was implemented, serves an enrollment of approximately 600 pupils in grades Head Start to 6, composed of approximately 49% Negro, 50% Mexican-American, and 1% economically de-

prived and lower class whites. More than 60% of the families sending children to the school have incomes below the poverty level. The average child achieves significantly below grade level, manifests many behavioral problems, has low motivation for academic achievement, and tends to have a low self-concept.

In an attempt to move against this total problem, an experimental D-I type class was established at the beginning of the 1968-69 school year. Initial planning for the D-I class, which was later called the "learning laboratory," began in the summer of 1968 by a committee which included an elementary curriculum expert, a psychologist from a community guidance center, a psychometrist, a visiting teacher (i.e. school social worker), a classroom teacher, a school counselor, the principal, a school psychology intern, and the speaker. Although the learning lab was patterned after the D-I class model it differed from this model in a number of ways, as will be noted later.

In the first year of the project it was necessary to change the learning lab teacher at midterm due to an initial mistake, so obvious in retrospect, of selecting a teacher from outside the school's own staff. When an experienced, respected and empathic teacher from the regular staff, who was accepted by her colleagues as well as by the patrons of the school, was assigned to the D-I class the program began to pick up positive momentum.

From its inception, the learning lab was designed to be nongraded, accepting children from all levels. Initially, written referrals were required for all children being considered for assignment to the learning lab, and these went through a screening committee made up of the principal, counselor and school psychologist. Within a few months, however, this committee discontinued functioning in a formal way and referrals became more informal and more frequent. They now occur through oral communication with any of the guidance and/or administrative staff, or with the learning lab teacher directly.

One of the procedures which has proved most fruitful in making appropriate and effective use of the learning lab has been the weekly staff conference. At this conference, attended by the visiting teacher (i.e., school social worker), the learn-

ing lab teacher, counselor, school psychologist, principal, and appropriate classroom teachers, children needing special attention of any kind are discussed and appropriate strategies planned which may involve one or a combination of the school's resources. In other words, these weekly meetings serve as a clearing house for information about children needing and/or receiving special attention, and help keep communication channels clear for all concerned.

Systematic records have been kept of the kinds of referrals, and the numbers of children served by the learning lab, during the 1968-69 and 1969-70 school years. These results are shown in Table 1 on page 9 where it will be noted that three types of services were offered: remedial teaching; enrichment and special projects; and crisis intervention. It should be especially noted that enrichment and special project activities served the largest number of children, followed by remedial teaching and crisis intervention. This point needs emphasis because it is important to recognize that the D-I class and other diagnostic-intervention strategies have the potential for serving enrichment purposes just as effectively as they can serve remediation, therapeutic, ameliorative, and compensatory needs of children. It also will be noted that the number of children served increased substantially from the first year of operation to the second.

Wide use was made of volunteers in the learning lab program. A number of these volunteers were University of Texas students. In addition, some parents served as teacher aides during the school year, and a Vista worker served part-time in the school community, and worked closely with the D-I class. Obviously, the use of volunteers has been an important aspect of the program, although time does not permit a detailed discussion of the use of these people, including some of the special problems which volunteers create.

A majority of the children seen for crisis intervention came almost daily to the D-I class, and most of the remainder came at least twice weekly. It can be assumed that most of those children probably would have been excluded from school on at least a temporary basis at various points during the school year had the special class

Table 1

Number of children

served in D-I class

Services offered	No. of children served	
	1968-69	1969-70
Remedial teaching	37	51
Enrichment, special projects	69	152
Crisis intervention	18	35

not been available to them. Furthermore, these crisis-prone children would, in all probability, have been labelled as emotionally disturbed children in other circumstances, and some would have required placement in classes for the emotionally disturbed. It is important to note that they were never so labelled, nor were they permanently removed from the regular classroom and placed in the learning lab. During this two year period only one child, among the 53 children classified as crisis interventions, was so disturbed that he eventually was assigned to a special class for the emotionally disturbed in another school.

A survey of teacher attitudes was made at the end of the first school year, and the professional staff of 31 (22 classroom and 9 special teachers) generally felt that individual children had been helped enormously and that the effort had been not only worthwhile but steadily cumulative in its positive impact. In other words, most respondents saw the special class as being either "very helpful," or "helpful," or they had "no response." Since 13 of the 31 professional staff did not have regular classroom assignments, and had little or no access to the special facilities, it is reasonable to assume that the high percentage of "no response" choices (ranging from 31-55% on the items of the survey) came from this group.

Admittedly the data described are meagre and subjective in nature and the in-depth effect of the learning lab on the school and its children has yet to be determined. For these reasons it is difficult to attempt any firm conclusions at this point. One or two further observations, however, seem justified.

First, there is a need for closer and more consistent cooperation and communication between the D-I class staff and the classroom teachers. This is particularly true of follow-up activities with the children during the time that they are in the regular class, and after they have been returned full-time to a regular classroom.

Second, there has been an increasing awareness of the learning lab teacher's need for special training as a psychoeducational specialist, including diagnostic and consultant skills, in addition to the expertise already acquired as a teacher.

Third, it has become apparent that consideration should be given to the

inclusion and use of more "non-problem" pupils in the D-I class as envisioned in the prototypic model. These children can serve as behavior models as well as highly effective tutors and teacher assistants, etc.

Fourth, a full-time teacher aide for the learning lab would greatly facilitate the use of this classroom and enable the special teacher to do a better job as both learning lab teacher and consultant to the entire staff.

Finally, it is obvious that more and better research is necessary, and the D-I class model needs to be implemented in a variety of schools at the elementary level.

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